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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

United Republic of Tanzania

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of the United Republic of Tanzania for the period 1997 to 2001 in the amount of $31,700 000 from general resources, subject to the availability of funds, and $40,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. After three decades of single party rule, the United Republic of Tanzania completed a peaceful transition to multi-party democracy following the elections of November 1995. The new Government has placed the elimination of poverty through accelerated economic growth and equitable human development, with a particular focus on children and women, high on the political agenda.

2. The population of 28 million in 1995 is growing at an annual rate of 2.8 per cent. More than 50 per cent of the population are under 18 years of age. About 24 per cent of the population live in urban areas, which are growing at a rate of 6.8 per cent annually. Twenty-five per cent of all households are headed by women, who consistently rank among the most vulnerable. Over 50 per cent of households still live in poverty.

3. The challenges of achieving and sustaining the national goals for children and women are considerable. Infant and under-five mortality rates (IMR and U5MR) are 92 and 141 per 1,000 live births, respectively (1996). Over 200,000 children under five years old die every year from preventable causes, especially malaria, acute respiratory infections (ARI) and diarrhoea. Malaria alone accounts for more than 15 per cent of such deaths. Low birth weight and related complications contribute to neonatal deaths, which account for 40 per cent of infant mortality. Coverage for antenatal care is 70 per cent, but poor quality of services contributes to a maternal mortality ratio of 770 per 100,000 live births.

4. However, universal child immunization was achieved in 1988 and has been largely sustained. Polio eradication, the elimination of neonatal tetanus, and universal oral rehydration therapy (ORT) and salt iodation can be achieved by the year 2000. Reducing low birth weight and child malnutrition requires accelerated efforts. Vitamin A deficiency and anaemia are widespread problems for children, adolescents and women.

5. The number of AIDS cases is now estimated at 400,000, with at least one orphan per AIDS case by the end of the century. An estimated 15 per cent of the urban and 6 per cent of the rural population are now infected with HIV, and this is projected to exceed 2 million people by the year 2000, with girls and women facing great risk.

6. Gross primary school enrolment has dropped from 93 per cent in 1980 to 69 per cent in 1994. In first grade, the average age is nine years. Two million children are not in school. Of the 3 million children enrolled in school, one third are over age and 30 per cent will drop out before completing the primary cycle. Girls' opportunities for education are often curtailed by discrimination and teenage pregnancy. Secondary school gross enrolment is only around 4 per cent. Adolescent and adult illiteracy, virtually eliminated in the 1970s, is increasing.

7. Safe water access is 72 per cent. However, one half of all existing water supply schemes do not function. Urban water, sewerage and solid waste disposal systems are severely strained by high demand and ageing infrastructure. Universal access to a sanitary means of excreta disposal is over 90 per cent.

8. The Government has ratified the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child, and has adopted a national Women in Development Policy and a National Platform

for Action. The situation of girls and women is still hampered by economic and socio-cultural constraints; conflicting laws and inheritance and other practices; and harmful traditional practices, including female genital mutilation and early marriage. Policies and programme implementation show limited gender sensitivity.

9. Problems of children in especially difficult circumstances are increasingly recognized, but only limited information is available. UNICEF, the International Labour Organisation and several non-governmental organizations (NGOs) have begun to analyse the situation of street children, working children, abused children and children affected by AIDS. Over 600,000 refugees from Rwanda and Burundi are concentrated in the regions of Kagera and Kigoma. Refugee children and adolescents require subregionally coordinated interventions to meet basic care needs and to protect their rights.

PROGRAMME COOPERATION, 1992-1996

10. The principles and objectives of the World Summit for Children and the national programme of action (NPA) were reflected in the 1992-1996 programme of cooperation. The country participated in all the recent world summits and international conferences. With increased advocacy, many of the standards and goals of those international deliberations have been incorporated in national policies.

11. UNICEF assistance to the core services of immunization, maternal and child health, control of diarrhoeal diseases (CDD), nutrition, and water supply and environmental sanitation has contributed to only a modest reduction of IMR and U5MR. Other areas of health, primary education, and water and sanitation face similar problems of under-achievement. Major problems include resource constraints; imbalances in gender relations; inadequate coordination of donor support; and delays in the design of clear, strong and realistic Government policies, priorities and plans for human development.

12. While focused at the village level, the community-based programme also involved government structures, NGOs and donor agencies at all levels. Training and other capacity-building measures were key strategic interventions. Community-based child survival, protection and development (CSPD) activities have helped to reorient national policies, decentralize management and administration, and stimulate popular participation, increased access and improved quality of services.

13. UNICEF support to the cold-chain system included the procurement of sufficient and regular supplies of vaccines to over 3,500 health service delivery points each year. The Government is determined to assume full responsibility for the sustainability of immunization and has demonstrated its commitment by joining the Vaccine Independence Initiative.

14. Progress was uneven in the prevention and control of diarrhoeal diseases and malaria. With the World Health Organization and UNICEF as key partners, a national policy and guidelines on CDD were developed. Awareness and use of ORT was increased to 80 per cent. The prevention and control of malaria included new approaches combining improved case detection, management and practicable household environmental measures for prevention and control.

15. An improved low-cost model for community involvement in safe motherhood has been developed and tested in 10 CSPD districts. The model emphasizes the participation of household members in pregnancy monitoring and improved referral systems. An evaluation of the model showed an impressive reduction of maternal mortality by 45 per cent. A Health Management Information System (HMIS) has been developed and tested in all CSPD districts. Some 7,500 health workers have received training and comprehensive information packages to facilitate implementation of HMIS.

16. In nutrition, more than 3,000 village feeding centres have been established to sustain and disseminate efforts in low-cost nutrition initiatives. Thirty hospitals have been certified as "baby-friendly". National legislation on the marketing of breast-milk substitutes was passed, and health workers received training and retraining in lactation management.

17. Universal salt iodation has been virtually achieved, and there has been a 25 per cent reduction of the total goitre rate in most endemic areas. Salt iodization plants have been installed at 36 locations, contributing to the increase of household iodized salt consumption from almost zero in 1992 to 73 per cent by early 1996.

18. UNICEF supported the dissemination of the National Water Policy, a framework for the empowerment of communities to manage their own water and sanitation services. Communication materials were developed to advise communities on issues of cost-sharing and service management. Over 400 wells with hand-pumps were installed; more than 200 rainwater harvesting jars and tanks were constructed through community action for schools, dispensaries and poor households; 200 trained local artisans have formed local enterprises to manufacture upgraded latrine slabs; and 1,600 demonstration household latrines and 77 upgraded primary school latrines were provided in the CSPD districts. Participatory training has generated the capacity for improved community assessment and monitoring of critical hygiene behaviours within the household and community environment.

19. In community-based education, more than 300 primary schools and 6,000 school committee members were assisted, and head teachers and ward education coordinators were trained in new participatory methods. More than 2,000 teachers received reference materials at UNICEF-supported teacher resource centres. The Department of Social Welfare was supported to develop indicators for child development and early detection of childhood disabilities.

20. Progress towards the achievement of the goals of the Zanzibar NPA are clearly related to the increased involvement of families and communities in the planning and management of social development activities. There is also strong involvement of religious leaders and organizations.

21. In Zanzibar, immunization coverage has increased to almost 90 per cent; severe malnutrition has dropped from 8 per cent (1990) to about 3 per cent; the incidence of low birth weight has dropped from 16 per cent (1990) to 9 per cent; and access to clean water and improved sanitation has increased. Community (shehia) committees have facilitated school rehabilitation; contained primary school drop-out rates; reduced severe and moderate malnutrition; encouraged households to build latrines; and mobilized families to start child-care centres and preschools. Thirty cooperative groups for poor women provide credit and skills development, literacy and numeracy, small business, management and bookkeeping.

Lessons learned

22. Past cooperation demonstrated the success and effectiveness of the community-based approach in addressing child survival and development issues, exemplified by the significant decline in moderate and severe malnutrition in the supported districts and the readiness with which communities affirm their commitment to self-help action in addressing CSPD issues. Further review and evaluation of the community-based programme revealed some overlap and duplication between the training packages produced centrally and/or sectorally for implementation at district and lower levels. To tackle this problem, information, education and communication (IEC) and training activities will be decentralized and consolidated at the district level.

23. Previous cooperation overestimated available local government capacity for social policy development, planning and coordination. This hindered implementation within the community-based programme, thus limiting linkages with national sectoral programmes. In the next period of cooperation, priority will be given to strengthening local government capacity.

24. The mid-term review of the past cooperation resulted in increased UNICEF support to basic education, social policy analysis, monitoring and mobilizing for children's and women's rights, HIV/AIDS, malaria control, urban interventions and emergency preparedness. Consolidation in existing CSPD districts rather than expansion to new districts was recommended, along with continued emphasis on community empowerment and capacity-building for long-term sustainability.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources: $31,700,000
Supplementary funds: $40,000,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policy analysis, monitoring and evaluation	1 890	2 600	4 490
Health, nutrition, water, environment and sanitation	10 711	20 175	30 886
Basic education	4 915	6 750	11 665
Children's and women's rights	1 500	1 960	3 460
Community-based programme	6 298	4 455	10 753
Zanzibar programme	2 565	1 810	4 375
Emergency programme	250	-	250
Programme support	3 591	2 250	5 841
Total	31 720	40 000	71 720

a/ The breakdown for estimated yearly expenditures is given in table 3.

Programme preparation process

25. Preparation of the proposed country programme for 1997-2001 was coordinated by the National Planning Commission (NPC). Regular consultations were held with other United Nations agencies, the World Bank, bilateral donors and NGOs. A country programme strategy meeting, involving all participating government sectors and other partners, reviewed the draft situation analysis and overall strategy for the proposed programme. The draft programme and project plans of action were discussed at a technical meeting of all partners in March 1996, followed by a preview meeting in April to finalize the proposed country programme.

Objectives and strategies

26. The country programme is designed within a framework set by the standards and values established by the Convention on the Rights of the Child, the country's policies for children and women, and the Convention on the Elimination of All Forms of Discrimination Against Women. The United Nations System-wide Special Initiative on Africa, its call for greater coordination among United Nations agencies and its emphasis on health, education, nutrition and water to improve the social and human condition in Africa are strongly reflected in the programme goals and design. The emphasis on equitable social development reflects the Third Phase Government's vision and emerging policies based on the Social Sector Strategy and other sectoral reforms.

27. By the year 2001, the programme of cooperation aims to: (a) reduce IMR and U5MR to 80 and 100 per 1,000 live births, respectively; (b) reduce severe and moderate malnutrition to 3 and 15 per cent, respectively; (c) reduce maternal mortality; (d) increase the primary school net enrolment from 53 to 80 per cent, increase the primary school completion from 70 to 85 per cent, and provide complementary basic education opportunities to out-of-school children and adolescents, particularly girls; (e) enhance consistency between the stipulations of the two Conventions on the one hand, and Government legislation, policy and administrative practice on the other; and (f) increase the protection of children in especially difficult circumstances.

28. Thus, the country programme will need to: (a) double its commitments to basic education; (b) enhance its concern and support for HIV/AIDS prevention and care, and malaria prevention and control; (c) initiate strategic interventions on behalf of the urban poor; (d) strengthen the contribution of UNICEF to macro-level policy-making through a stronger role in social policy analysis, monitoring and evaluation; (e) take a lead role in the promotion of gender concerns; and (f) establish the two Conventions as frameworks for programme cooperation and promote their implementation.

29. The central strategies are empowerment of families and communities and enhancement of local government capacity to plan and adapt existing service delivery packages to local needs. UNICEF cooperation will utilize a strategy mix of capacity-building, advocacy, social mobilization and empowerment. Basic services will be delivered where they can play a critical role in reducing disparity and ensuring the basic rights of children and women. Communication and behavioural change will be strategic priorities cutting across all components of the country programme.

30. Integrated budgeting and planning mechanisms will be strengthened in the selected districts for the effective delivery of basic services. Mechanisms for "planning from below" from village to district level will be strengthened to improve the quality and responsiveness of those plans. This approach also will facilitate community- and local-level resource generation and appropriate increases in government funding of activities. Resources will be used strategically to generate additional resources for priority human development services, with children at the centre.

Coverage

31. In terms of target population, the adoption of both Conventions as the programming framework expands the programme beneficiary groups from predominantly under-five children and mothers to children below 18 years of age and women. Children under 18 years constitute 54 per cent of the population, compared to 17 per cent under five years old, and their needs are more varied. Cooperation will focus on selected districts, where it will strengthen the impact of previous investments. However, a gradual phasing out is contemplated in districts which have reached a certain maturity to allow them to implement CSPD interventions without substantive UNICEF support except for monitoring. Districts already involved in intensive Government-UNICEF cooperation have been ranked according to a series of weighted social, economic and policy indicators, and district implementation plans will determine the nature and time-frame of the cooperation in each of the selected districts. In light of the country's high urbanization rate, UNICEF cooperation will increasingly have to balance its rural focus with interventions benefiting disadvantaged urban children and women. Dar-es-Salaam and towns within the selected CSPD districts will be targeted for specific interventions.

Social policy analysis, monitoring and evaluation

32. The programme aims to build capacity to plan for human development through (a) support for analysis, development and monitoring of coordinated social policies consistent with both Conventions; (b) the establishment of partnerships to develop and strengthen policies for children and women; (c) advocacy for adoption and implementation of the "20/20" concept in budget allocations and a strong focus on poverty alleviation in macroeconomic policy; (d) advocacy to ensure that gender concerns and equity are reflected in socio-economic policies and planning at all levels; and (e) support for monitoring and analysis of social conditions, the NPAs, the country programme and social sector reform. Gender and development capacities have been incorporated in the programme to strengthen gender mainstreaming. The social policy analysis project will ensure that the best interests and needs of children and women are mainstreamed in national policy and planning, while the the monitoring and evaluation project will generate a timely flow of reliable data on the situation of children and women and demonstrate best practices from the country programme to facilitate advocacy, strategy formulation and policy development.

Health, nutrition, water, environment and sanitation

33. The programme coordinates sectoral activities aimed at resolving the interrelated, underlying and basic causes of malnutrition and mortality and assuring the well-being of children and women. It will improve people's access and cost-effective utilization of quality services in health, nutrition, water, environment and sanitation. Within the framework of the Health Sector Reform

and Plan of Action, the health project will aim at reducing maternal and child mortality. Focus will be placed on improving the provision and utilization of antenatal, post-natal and birth delivery services by women and the community and by improving the delivery and utilization of immunization services for children under five years of age and women of child-bearing age. The project will also contribute to the reduction of child mortality due to diarrhoeal diseases, ARI and malaria by improving community child health services.

34. Within the framework of the National AIDS Control Programme (NACP) and in collaboration with the Joint United Nations Programme on HIV/AIDS, the HIV/AIDS prevention and care project will contribute to rapid and sustainable change in behaviour and attitudes among the sexually active, thereby reducing the transmission of HIV and the number of new AIDS cases. A community-based strategy for behaviour change will be built into ongoing programmes to improve adolescent health and life skills. AIDS education for adolescents will be intensified, and national reporting and monitoring mechanisms will be strengthened. A strong alliance of religious and cultural leaders, print and electronic media, academic institutions, NGOs and community-based organizations will be established to advocate and work towards HIV/AIDS awareness, prevention, care and control.

35. Water, sanitation and environment will contribute to broader-based equitable investment, technical support and service delivery for improved water supply, environmental sanitation and domestic/personal hygiene practices. Sustainable mechanisms will be sought to effect positive personal and communal behaviour changes that reinforce the community empowerment approach. Monitoring and reporting systems will be strengthened to improve the quality of data available for planning and policy development. UNICEF will seek to strengthen national sector planning capacity through facilitation and coordination of multi-donor inputs to a Community Monitoring and Management Unit initiative.

36. Nutrition will contribute to the reduction of child and maternal malnutrition by improving food intake and reducing micronutrient malnutrition. UNICEF assistance to the Tanzania Food and Nutrition Centre and the Ministry of Agriculture will focus on the establishment and maintenance of an effective surveillance system for protein-energy malnutrition and micronutrient malnutrition, the achievement and sustainability of universal salt iodation, and universal achievement of "baby-friendly" status by all hospitals. In the supported districts, the project will improve the food security system and micronutrient intake of households, monitor and improve weight gain during pregnancy, and promote exclusive breast-feeding and feeding frequency.

Basic education

37. The programme will focus on primary education and complementary basic education. The primary education project will contribute to (a) the provision of equitable quality primary education and the achievement of improved enrolment, retention and transition rates through support to national-level policy development; (b) planning and monitoring of primary education in the context of the education sector reform; and (c) the development and promotion of district-based standard primary education packages. The complementary basic education project will contribute to the provision of functional basic education opportunities to out-of-school children and adolescents through the design and trial of innovative and alternative approaches. Two models - one for children under 10 years old and the other for those over 10 years old - are envisaged.

The first model will adapt the basic education curriculum to local needs and enhance it with relevant life skills; the second model will condense the basic education curriculum and improve contextual references to match the life experiences shared by participating adolescents. The model will seek effective linkages with vocational training, apprenticeship and employment-generating programmes.

Children's and women's rights

38. The programme will provide strategic support to the Government, NGOs and civil society for the promotion, implementation and monitoring of children's and women's rights within the frameworks of the two Conventions. The programme aims to increase national understanding of the issues surrounding children's and women's rights and to build societal commitments to address underlying and basic problems in this area. It will support the Government in its efforts to address emerging threats to the well-being of children and women arising out of rapid social, economic and cultural changes. It will also contribute to enhanced understanding and support increased protection of children and women in especially difficult circumstances through research, policy development and innovative approaches. The focus will be on street children, children affected by HIV/AIDS, and children- and women-headed households.

Community-based programme

39. The community-based programme is concerned primarily with achieving the objectives for improving the lives of children and women at the community level within selected districts. At the same time, it addresses the processes required to ensure sustainability and community participation. The programme will strengthen local government capacity to plan and coordinate implementation of decentralized activities, including the development of area-specific planning and implementation strategies for service delivery, training and IEC activities. Strengthening the capacity and role of women's organizations in the community to ensure their active participation in the decision-making, planning and management of services is a priority. The programme will aim to mobilize local government funds to implement community CSPD plans and to link those plans to the Government's overall Poverty Alleviation Programme.

40. The community-based planning project will improve district-, ward- and community-level capacity to undertake equitable, gender-balanced and participatory planning of resources at the local level, while the project for community-based capacity-building and communication will improve basic service delivery through better targeting and the design of flexible, integrated, cross-sectoral training packages. Monitoring and coordination of partnership contributions and local resource mobilization will be essential to ensure sustainability, reduce duplication and improve the absorptive capacity of community-based programmes.

Zanzibar programme

41. UNICEF assistance will support the process of social sector reforms. The programme aims to ensure that gender concerns are reflected in social and economic policies and planning. It will support effective coordination, monitoring and evaluation of all UNICEF-assisted activities in Zanzibar and strengthen the newly established shehia for effective local planning and management of social development. Support will be provided to strengthen

Government capacity to plan, manage, monitor and coordinate implementation of equitable social services and of district management teams to mobilize financial support and provide required technical support for community initiatives for children and women. The community-based project will improve capabilities at household and shehia levels to assess, analyse and take action on problems affecting children and women, including those in especially difficult circumstances, and to undertake interventions for HIV/AIDS prevention.

Emergency programme

42. The emergency response contributes to meet the immediate needs of 600,000 Rwandan and Burundian refugees within the Kagera and Kigoma regions. UNICEF assistance aims to address priority problems faced by children in especially difficult circumstances through trauma recovery, foster care support and family tracing activities for unaccompanied minors, now estimated to number 12,000 in all camps. UNICEF supports out-of-school education as well as the formal primary education system managed by refugees. The programme will also contribute to the development of community-based disaster preparedness plans and support national emergency preparedness planning capacity.

Monitoring and evaluation

43. There have been significant improvements in the various monitoring aspects of the programme, in particular, disaggregation by gender. Six broad areas have been identified for monitoring: national social and economic trends; implementation of the two Conventions; NPA/World Summit goals; country programme objectives; country programme project implementation and impact; and community-based monitoring systems. The results and lessons learned will be widely disseminated. In the districts selected for intensive Government-UNICEF collaboration, quarterly and annual reviews will be undertaken, and there will be a mid-term review of the programme in 1999. An evaluation will be undertaken in 2001 to provide a basis for future cooperation.

Collaboration with other agencies

44. The importance of collaboration and coordination stressed by the United Nations System-wide Special Initiative on Africa and the country's sectoral reform processes is fully reflected in the design of the country programme. Collaboration will continue, or be strengthened, with the other United Nations agencies, including the World Bank, bilateral donors, NGOs, and national and regional academic research institutions. The UNICEF country office has pursued funding opportunities and developed strong partnerships during the preparation of the present country programme.

Programme management

45. NPC is responsible for the coordination of UNICEF support to the Government, together with the assistance provided by other donors. This agency chairs the annual review meetings and determines the government's development budgets. UNICEF will provide programme support to cover both technical and managerial expertise and other staff to assist the various levels of the Government in implementing the country programme. Decentralization and increased emphasis on local capacity-building and programme monitoring require increased professional oversight and input closer to the implementation level. The Zanzibar sub-office has proved itself effective to perform those functions. At least one Field Implementation Support Unit will be established on Mainland Tanzania to ensure effective implementation and follow up.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

United Republic of Tanzania

(1994 and earlier years)

UNICEF country classification

Under-five mortality rate	159	(1994)	Very high U5MR	
Infant mortality rate	105	(1994)	Very high IMR	
GNP per capita	$ 90	(1993)	Low-income GNP	
Total population	28.9 million	(1994)		

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	689	874	1133	1228
Infant deaths (under 1)	(thousands)	91	105	128	129
Under-five deaths	(thousands)	153	177	204	195
Under-five mortality rate (per 1,000 live births)		223	202	180	159
Infant mortality rate (under 1) (per 1,000 live births)		133	120	113	105

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1985/1992)	Moderate & severe	48	29
	Severe	7	7
Babies with low birth weight (%, 1984)		14	..
Primary school children reaching grade 5 (%, 1985/1993)		86	83

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992)	..	32
Timely complementary feeding rate (6-9 mos.) (%, 1992)	..	59
Continued breast-feeding rate (20-23 mos.) (%, 1992)	..	57
Prevalence of wasting (0-59 mos.) (%, 1992)	..	6
Prevalence of stunting (0-59 mos.) (%, 1992)	..	47
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	98	95
Total goitre rate (1990)	..	37
Household expenditure (% of total income, 1980 or 1985) All food/cereals	.. / ..	64 / 32

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	76
Access to health services	Total	76	80
(% of population, 1980/1990)	Urban/rural	99 / 72	94 / 73
Access to safe water	Total	46	50
(% of population, 1983/1992)	Urban/rural	88 / 39	67 / 46
Access to adequate sanitation	Total	52	64
(% of population, 1983/1991)	Urban/rural	83 / 47	74 / 62
Births attended by trained personnel (%, 1988/1991)		60	53
Maternal mortality rate (per 100,000 live births, 1990)		..	770

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	78	93	93	86
	DPT	58	69	85	79
	Polio	49	65	82	78
	Measles	76	76	83	75
Pregnant women (%) immunized against:	Tetanus	36	38	42	31

TABLE 1 (continued)

United Republic of Tanzania

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1993)	Total	93 / 68	70 / 50
	Male	99 / ..	71 / 50
	Female	86 / ..	69 / 51
Secondary enrolment ratio (gross/net) (%, 1980/1993)	Total	3 / ..	5 / ..
	Male	4 / ..	6 / ..
	Female	2 / ..	5 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	50	68
	Male/female	66 / 34	79 / 57
Radio/television sets (per 1,000 population, 1980/1993)		16 / 0	26 / 2

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	13694	18581	25600	28846	34074
Population aged 0-15 years	(thousands)	6700	9264	12431	13909	16139
Population aged 0-4 years	(thousands)	2654	3515	4751	5209	5871
Urban population (% of total)		6.7	14.8	20.8	24.1	28.2
Life expectancy at birth (years)	Total	45	50	52	52	52
	Male	44	48	51	50	51
	Female	47	52	54	53	53
Total fertility rate		6.8	6.8	6.1	5.8	5.3
Crude birth rate (per 1,000 population)		50	47	44	43	40
Crude death rate (per 1,000 population)		20	16	14	14	13

		About 1980	Most recent
Contraceptive prevalence rate (%, 1994)		..	18
Population annual growth rate (%, 1965-1980/1980-1994)	Total	3.0	3.1
	Urban	9.9	6.5

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		-1.6	1.1
Inflation rate (%, 1980-1985/1985-1994)		20	23
Population in absolute poverty (%, 1982)	Urban/rural	15 / 25	.. / ..
Household income share (%, 1991)	Top 20%/bottom 40%	.. / ..	63 / 8
Government expenditure (% of total expenditure, 1983/1985)	Health/education	5 / 13	6 / 8
	Defence	13	16
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / 3
Official development assistance: (1980/1994)	$US millions	673	968
	As % of GNP	12	38
Debt service (% of goods and services exports(1981/1993)		16	23

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1996 a/

COUNTRY: UNITED REPUBLIC OF TANZANIA
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $42 511 270

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned c/	Actual	Planned c/	Actual	Planned
Health	4 076	7 244	2 103	503	131	152	1 362	493	7 671	13 979	8 393	23 059	16 064	37 038
Nutrition	451	154	0	0	0	0	0	0	451	3 460	154	1 867	605	5 327
Water supply and sanitation	10	0	0	0	0	0	0	0	10	3 717	0	4 184	10	7 901
Education	26	0	0	0	0	0	0	0	26	3 301	0	5 826	26	9 127
Community organization and development	2 709	1 436	2 429	914	109	57	987	308	6 234	4 063	2 715	2 764	8 949	6 827
Young child development	0	0	0	0	0	0	0	0	0	1 084	0	1 942	0	3 026
Women-centred programme	0	0	0	0	0	0	0	0	0	1 665	0	675	0	2 340
Social mobilization and advocacy	15	0	0	0	0	0	0	0	15	3 849	0	2 376	15	6 225
Planning and social statistics	6 983	4 498	2 161	1 330	7 413	1 265	3 650	1 382	20 207	3 918	8 475	2 653	28 682	6 571
Programme support	1	0	0	0	0	0	0	0	1	3 475	0	580	1	4 055
Emergency	512	0	0	0	21	0	171	0	704	0	0	0	704	0
GRAND TOTAL	14 783	13 333	6 693	2 748	7 674	1 474	6 169	2 184	35 320	42 511	19 738	45 926	55 058	88 437

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 31 December 1995.
b/ Actual GR expenditure includes allocations from global funds.
c/ Includes additional GR and SF(E/ICEF/1995/P/L.32).

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: United Republic of Tanzania
PROGRAMME CYCLE: 1997-2001 (In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
SOCIAL POL. ANAL., MONIT. & EVAL.	GR	395	370	405	355	365	1,890
	FSF						
	NSF	635	625	510	520	310	2,600
	TOTAL	1,030	995	915	875	675	4,490
HEALTH, NUTRIT,WATER,ENV. AND SAN.	GR	2,235	2,083	2,123	2,145	2,125	10,711
	FSF						
	NSF	3,670	4,230	4,235	4,275	3,765	20,175
	TOTAL	5,905	6,313	6,358	6,420	5,890	30,886
BASIC EDUCATION	GR	1,005	965	970	985	990	4,915
	FSF						
	NSF	1,250	1,350	1,550	1,450	1,150	6,750
	TOTAL	2,255	2,315	2,520	2,435	2,140	11,665
CHILDREN'S AND WOMEN'S RIGHTS	GR	300	300	300	300	300	1,500
	FSF						
	NSF	360	410	510	440	240	1,960
	TOTAL	660	710	810	740	540	3,460
COMMUNITY BASED PROGRAMME	GR	1,515	1,290	1,190	1,166	1,137	6,298
	FSF						
	NSF	820	1,085	1,085	915	550	4,455
	TOTAL	2,335	2,375	2,275	2,081	1,687	10,753
ZANZIBAR PROGRAMME	GR	560	490	500	505	510	2,565
	FSF						
	NSF	335	385	385	390	315	1,810
	TOTAL	895	875	885	895	825	4,375
EMERGENCY	GR	50	50	50	50	50	250
	FSF						
	NSF						
	TOTAL	50	50	50	50	50	250
PROGRAMME SUPPORT	GR	660	702	712	744	773	3,591
	FSF						
	NSF	330	340	450	560	570	2,250
	TOTAL	990	1,042	1,162	1,304	1,343	5,841
TOTAL	GR	6,720	6,250	6,250	6,250	6,250	31,720
	FSF						
	NSF	7,400	8,425	8,725	8,550	6,900	40,000
	TOTAL	14,120	14,675	14,975	14,800	13,150	71,720

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

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TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : United Republic of Tanzania
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
SOCIAL POL. ANAL., MONIT. & EVAL.	1,890			1,890	0	0	0	1	0	0	1	2	0	3	755.9	351.9	1,107.8
HEALTH, NUTRIT,WATER,ENV. AND SAN.	10,711			10,711	0	0	1	2	0	0	3	3	0	6	2,334.9	490.9	2,825.8
BASIC EDUCATION	4,915			4,915	0	0	0	1	0	0	1	2	0	3	755.9	327.3	1,083.2
CHILDREN'S AND WOMEN'S RIGHTS	1,500			1,500	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
COMMUNITY BASED PROGRAMME	6,298			6,298	0	0	0	1	0	0	1	5	0	6	755.9	821.4	1,577.3
ZANZIBAR PROGRAMME	2,565			2,565	0	0	0	1	0	0	1	0	0	1	755.9	0.0	755.9
EMERGENCY	250			250	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	3,591			3,591	0	0	0	0	0	0	0	2	24	26	180.0	2,125.8	2,305.8
TOTAL GR	31,720			31,720	0	0	1	6	0	0	7	14	24	45	5,538.5	4,117.3	9,655.8
SUPPLEMENTARY FUNDING :																	
SOCIAL POL. ANAL., MONIT. & EVAL.		0	2,600	2,600	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
HEALTH, NUTRIT,WATER,ENV. AND SAN.		0	20,175	20,175	0	0	0	0	1	0	1	2	0	3	987.7	306.0	1,293.7
BASIC EDUCATION		0	6,750	6,750	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
CHILDREN'S AND WOMEN'S RIGHTS		0	1,960	1,960	0	0	0	0	0	0	0	2	0	2	0.0	327.3	327.3
COMMUNITY BASED PROGRAMME		0	4,455	4,455	0	0	0	0	0	0	0	0	0	0	150.0	0.0	150.0
ZANZIBAR PROGRAMME		0	1,810	1,810	0	0	0	0	0	0	0	1	0	1	0.0	163.6	163.6
EMERGENCY		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	2,250	2,250	0	0	0	1	1	0	2	0	8	10	1,443.7	519.5	1,963.2
TOTAL SF		0	40,000	40,000	0	0	0	1	2	0	3	5	8	16	2,581.4	1,316.4	3,897.8
TOTAL GR & SF	31,720	0	40,000	71,720	0	0	1	7	2	0	10	19	32	61	8,119.9	5,433.7	13,553.6
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs		2,673.3														
	Staffing				0	1	2	1	0	0	4	2	14	20	3,266.4	1,831.3	5,097.7
GRAND TOTAL (GR+SF+ADM)					0	1	3	8	2	0	14	21	46	81	11,386.3	7,265.0	18,651.3
Number of posts and staff costs:																	
Current programme cycle											18	20	57	95			
At the end of proposed programme cycle (indicative only)											14	21	46	81	11,386.3	7,265.0	18,651.3

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.